

# of Items	Description of Item (s)	Approved to Donate	Witness Initials	Check-in Initials	Check-out Initials

I acknowledge the above is all of my personal property that will be placed in storage or donated upon my approval.

In the event I do not claim property within three months following discharge, all items will either be destroyed or donated.

Youth's Signature

Date

FOR YOUTH SERVICES DIVISION STAFF MEMBERS ONLY

I acknowledge receipt of the above items

Name

Date

Title (Check-in Staff)

Name

Date

Title (Witness - JPO, Transportation Officer, Other Staff [Youth's Parent, Guardian, Custodian, or Representative])

☐ Donated on _____ by _____

☐ Destroyed on _____ by _____

Original: Youth's Central Office Parole File
CC: Youth, Youth's Field File, With Property